FORM D

1262634

UNITED STATES
SECURITIES AND EXCHANGE COMPRISSION
Washington, D.C. 20549

FORM D

JUL 0 8 2003

Prefix Serial
DATE RECEIVED

NOTICE OF SALE OF SECURITIES 152 A PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering: (check if this is an am	nendment and name has changed, and indicate change.)
2003 Sale of Investor Units in Moss Prope	erty Partners, LLC	
Filing Under (Check box(es) that apply):	Rule 504 ☐ Rule 505 ☒ Rule 506 ☐	Section 4(6) ULOE
Type of Filing: New Filing Am	endment	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the iss	suer	
Name of Issuer (check if this is an amendment Moss Property Partners, LLC	and name has changed, and indicate change.)	03026307
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
6870 Clark's Neck Road, Washington, No	rth Carolina 27889	(252) 975-6990
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
Acquisition, development and sale of real	estate in or near Washington, NC	
Type of Business Organization Corporation	limited partnership, already formed	other (please specify): Limited Liability Company
business trust	☐ limited partnership, to be formed	CECCED
	Month Year	PROCESSED
Actual or Estimated Date of Incorporation or O	rganization: 0 1 0 3	Actual Estimated 08 2003
Jurisdiction of Incorporation or Organization:	Enter two-letter U.S. Postal Service abbreviation for S	State: NC
	or Canada; FN for other foreign jurisdiction)	THOMSON
		FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230:501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Promoter □ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Check Box(s) that Apply: Managing Partner Full Name (Last name first, if individual) Washington Betterment Partners, LLC - Attn.: Fred Fletcher, Jr. Business or Residence Address (Number and Street, City, State, Zip code) 6870 Clark's Neck Road, Washington, North Carolina 27889 ☐ Promoter ☐ Beneficial Owner Check Box(s) that Apply: Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Mahan, Jay A. (Number and Street, City, State, Zip code) Business or Residence Address 3101 Industrial Drive, Raleigh, North Carolina 27609 ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Check Box(s) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Jones, Robert L. Business or Residence Address (Number and Street, City, State, Zip code) 3101 Industrial Drive, Raleigh, North Carolina 27609 □ Executive Officer ☑ General and/or Check Box(s) that Apply: □ Promoter ☐ Beneficial Owner □ Director Managing Partner Full Name (Last name first, if individual) Fletcher, Jr., Fred Business or Residence Address (Number and Street, City, State, Zip code) 6870 Clark's Neck Road, Washington, North Carolina 27889 Promoter ☐ Executive Officer Check Box(es) that Apply: ☐ Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Nance, Jr., James K. Business or Residence Address (Number and Street, City, State, Zip code) c/o JAZ A Partnership, 312 Riverside Drive, Washington, North Carolina 27889 General and/or Check Box(s) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Padgett, William C. Business or Residence Address (Number and Street, City, State, Zip code) 108 Susquehanna Cr., Chocowinity, North Carolina 27817 ☐ General and/or Check Box(s) that Apply: ☐ Promoter Beneficial Owner Executive Officer Director Managing Partner

(Number and Street, City, State, Zip code)

Full Name (Last name first, if individual)

104 Fairview Court, Chocowinity, North Carolina 27817

Business or Residence Address

Hemink, Lee D.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer, Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Executive Officer □ Director General and/or Check Box(s) that Apply: Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Smithwick, Terry D. Business or Residence Address (Number and Street, City, State, Zip code) c/o Smithwick Enterprises, 214 Highway 17 South, Washington, North Carolina 27889 □ Director ☐ General and/or ☐ Beneficial Owner ☐ Executive Officer Check Box(s) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Page, William H. Business or Residence Address (Number and Street, City, State, Zip code) c/o Page Management Group, P.O. Box 1828, Washington, North Carolina 27889 General and/or Beneficial Owner ☐ Executive Officer □ Director Check Box(s) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Futrell, Jr., Ashley B. Business or Residence Address (Number and Street, City, State, Zip code) 611 W. Main Street, Washington, North Carolina 27889 Check Box(s) that Apply: Promoter Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Castle, William E. and Diane L. Business or Residence Address (Number and Street, City, State, Zip code) 104 Roanoke Lane, Chocowinity, NC 27817 Promoter ☐ Beneficial Owner T Executive Officer ☐ Director General and/or Check Box(s) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip code) ☐ General and/or Check Box(s) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip code) ☐ Director Check Box(s) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer General and/or Managing Partner Full Name (Last name first, if individual)

(Number and Street, City, State, Zip code)

Business or Residence Address

B. INFORMATION ABOUT OFFERING		
	Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	\boxtimes	
Answer also in Appendix, Column 2, if filing under ULOE.		
2. What is the minimum investment that will be accepted from any individual? (consisting of \$26,250 in cash and \$59,500 in the form of a note)	85,750	
3. Does the offering permit joint ownership of a single unit?	Yes ⊠	No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such broker or dealer, you may set forth the information for that broker or dealer only.		
Full Name (Last name first, if individual) None		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Business of Restauros (Andriosi data Surviy, Start, Exp Source)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States		All States
[IL] [IN] [IA] [KS] [KY] [IA] [ME] [MD] [MA] [MI] [MN] [[MT] [NE] [NV] [NH] [NI] [NM] [NY] [NC] [ND] [OH] [OK] [HI] MS] OR] WY]	[ID] [MO] [PA] [PR]
Full Name (Last name first, if individual)		•
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
Name of Associated Dioxer of Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States		All States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MT] [NE] [NV] [NH] [NI] [NM] [NY] [NC] [ND] [OH] [OK] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		-
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States		All States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MT] [NE] [NV] [NH] [NI] [NY] [NC] [ND] [OH] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]

_	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AN	D	USE OF PROCE	E	DS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate Offering Price			Amount Aiready Sold
	Debt	-			\$_	
	Equity	\$			\$_	
	Common Preferred					
	Convertible Securities (including warrants).	-			S _	
	Partnership Interests			. :	\$ _	
	Other (Specify LLC Membership Units)	_		•	\$ -	1,715,000
	Total	\$ -	1,715,000	. 3	\$_	1,715,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					
			Number Investors			Aggregate Dollar Amount of Purchases
	Accredited Investors		18		\$ -	1,543,500
	Non-accredited Investors		2		\$ -	171,500
	Total (for filings under Rule 504 only)	-		. `	\$_	
3.	If the filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in part C – Question 1.					
	Time of effecting		Type of Security			Dollar Amount Sold
	Type of offering Rule 505		Security	,	\$	2010
	Regulation A			. ,	٠ •	
	Rule 504				* - \$	<u>.</u> .
	Total	•		. ;	• •	
		-		• •	-	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees			5	\$.	
	Printing and Engraving Costs				s _	
	Legal Fees				\$	10,000
	Accounting Fees			:	\$_	
	Engineering Fees			;	\$_	
	Sales Commissions (specify finders' fees separately)			:	\$_	
	Other Expenses (identify: Filing fees)		🛚	,	\$_	1,000
	Total			1	\$	11.000

. •

C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPENSES	ANI) U	SE OF PRO	CEEDS	<u>; </u>	
Question 1 and total expenses furnished i	gate offering price given in response to Part C - un response to Part C - Question 4.a. This the issuer."			,		\$_	1,704,000
proposed to be used for each of the purpose is not known, furnish an esti	purposes shown. If the amount for any mate and check the box to the left of the ted must equal the adjusted gross proceeds t C – Question 4.b above.			Payments to Officers, Directors, & Affiliates			Payments to Others
Salaries and fees			\$			\$	
						_	1,558,017
	of machinery and equipment						
	nd facilities						
that may be used in exchange for the assets	•		ф.		_	•	
						3_ \$	19,983
					_	_	
Other (specify): Pre-development expenses	(including engineering lees)	ш	ъ	24,000	. 🗆	3	82,000
Column Totals			\$	44,000	\boxtimes	.\$	1,660,000
Total Payments Listed (column totals added)	••		⊠ \$_	1	,704	,000_
	D. FEDERAL SIGNATURE						
signature constitutes an undertaking by that issu	ned by the undersigned duly authorized person. er to furnish to the U.S. Securities and Exchange credited investor pursuant to paragraph (b)(2) of	e Con	nmi	ssion, upon wr			
Issuer (Print or Type) Moss Property Partners, LLC	Signature Hubblu J				ate 11y 1 , 20	003	
Name of Signer (Print or Type)	Title of Signer (Print or Type)						
By Washington Betterment Partners, LLC, its Manager	Initial Management Member: Washington Bett			artners, LLC			
······································	By: Fred Fletch Title: Operating	-		v r			
	Title. Operating	R IAIG	mgt	.1			

		gned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to gned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited emption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption en of establishing that these conditions have been satisfied. and this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned erson. Date July 1, 2003 Title (Print or Type) Externment Partners, LLC its By: Fred Fletcher, Jr. Title: Operation Manager		
1.			Yes	
	See Append	lix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes (CFR 239.500) at such times as required by		ed, a notice o	on Form D (17
3.	The undersigned issuer hereby undertakes offerees.	to furnish to the state administrators, upon written request, information	furnished by	y the issuer to
4.	Offering Exemption (ULOE) of the state in	which this notice is filed and understands that the issuer claiming the available		
	e issuer has read this notification and knows y authorized person.	the contents to be true and has duly caused this notice to be signed on its	behalf by th	e undersigned
Issu	uer (Print or Type) Moss Property Partners, LLC	Signature Da Juli		
Ву	me of Signer (Print or Type) Washington Betterment Partners, LLC its mager	Initial Management Member: Washington Betterment Partners, LLC		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

					, ite.	and a title our times and a second		,		
1	Intend to r accre invest	to sell non- dited tors in Part B- n 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL										
AK							· · · · · · · · · · · · · · · · · · ·		-	
AZ				-						
AR										
CA										
со										
СТ										
DE										
DC										
FL										
GA							····			
HI										
ID										
ΠL							·			
IN										
IA										
KS	-									
KY										
LA								·		
ME						c 4				
MD								ļ		
MA						·		<u> </u>		
MI									1	
MN				-						
MS				<u>, 18. 17. 18. 78. 19. 19. 19. 19. 19.</u>	<u> </u>					
MO										

APPENDIX

1	Intend to r accre invest	to sell non- edited fors in Part B- n 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of i amount puro (Part C	nvestor and chased in State 2-Item 2)		Disqual under Sta (if yes explan waiver	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
MT										
NE										
NV										
NH										
NJ										
NM										
NY										
NC	Х		LLC Interests \$1,715,000	18	\$1,543,500	2	\$171,500		X	
ND										
ОН										
OK										
OR										
PA										
RI										
SC										
SD										
TN										
TX										
UT										
VT										
VA										
WA										
WV										
WI										
WY										
PR										